## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

19567,794

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                |                                  |   |                                |                       |                                  |    | SMALL ENTITY TYPE  |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|----------------|----------------------------------|---|--------------------------------|-----------------------|----------------------------------|----|--------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |                |                                  | (00.0   |                                | (000                  |                                  |    | RATE               | FEE                    |    | RATE                       | FEE                    |
|   | IC FEE         |                                  | SMALL ENT. =  | = \$ 150                       | LARG                  | LARGE ENT. = \$ 300              |    | ASIC FEE           | 150                    | OR | BASIC FEE                  |                        |
| EXAI  | MINATION FEE   | <u> </u>                         | Satisfies PCT Arti                                    |                                |                       | ner situations =<br>100 / \$ 200 | EX | (AM. FEE           | 100                    |    | EXAM. FEE                  |                        |
| SEAI  | RCH FEE        |                                  | U.S. is ISA = \$ 5<br>ALL other cour<br>\$ 200 / \$ 4 | 50 / \$ 100<br>ntries =        |                       | ther situations = 250 / \$ 500   | SE | EARCH FEE          | 200                    |    | SEARCH FEE                 |                        |
| FEE   | FOR EXTRA SF   | PEC. PGS.                        | minu  | us 100 =                       |                       | / 50 =                           | [; | X \$ 125 =         |                        |    | X \$ 250 =                 |                        |
| тот/  | AL CHARGEAB    | LE CLAIMS                        | 19 min  | nus 20 =                       | *                     |                                  |    | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
| INDE  | EPENDENT CLA   | AIMS                             | mi  | inus 3 =                       | *                     |                                  |    | X \$ 100 =         |                        | OR | X \$ 200 =                 |                        |
| MUL.  | TIPLE DEPENC   | DENT CLAIM PRE                   | ESENT   | SENT                           |                       |                                  |    | + \$ 180 =         | 180                    | OR | + \$ 360 =                 |                        |
| * If1   | the difference | in column 1 is lo                | ess than zero,  | , enter "C                     | o" in col             | lumn 2                           | _  | TOTAL              | 630                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Colu  |                |                                  |   |                                |                       |                                  |    | SMALL ENTITY       |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| TA .  |                | CLAIMS REMAINING AFTER AMENDMENT |   | HIGH<br>NUMI<br>PREVIO<br>PAID | HEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA                 |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total          | * .                              | Minus   | **                             |                       | =                                |    | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
| AMEN  | Independent    | * .                              | Minus   | ***                            |                       | =                                |    | X \$ 100 =         |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRES     | ENTATION OF M                    | JULTIPLE DEPE   | ENDENT                         | CLAIM                 |                                  |    | + \$ 180 =         |                        | OR | + \$ 360 =                 |                        |
|   |                |                                  |   |                                |                       |                                  | T  | OTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |                | (Column 1)                       |   | (Colur                         | mn 2)                 | (Column 3)                       |    |                    |                        |    |                            |                        |
| AT B  |                | CLAIMS REMAINING AFTER AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA                 |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total          | *                                | Minus   | ** .                           |                       | =                                |    | X \$ 25 =          |                        | OR | X \$ 50 =                  |                        |
| AMEN  | Independent    | *                                | Minus   | ***                            |                       | =                                |    | X \$ 100 =         |                        | OR | X \$ 200 =                 | :                      |
| _   | FIRST PRES     | SENTATION OF M                   | AULTIPLE DEPE   | ENDENT                         | CLAIM                 |                                  |    | + \$ 180 =         |                        | OR | + \$ 360 =                 |                        |
| TOTAL   |                |                                  |   |                                |                       |                                  |    |                    |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|   |                |                                  |   |                                |                       |                                  |    | ٠                  |                        |    |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |                                  |   |                                |                       |                                  |    |                    |                        |    |                            |                        |